Valentine Health Partnership - Travel Health Service

Are you going on holiday?

Ideally 6 weeks before you travel you will need to do the following:

- Complete a travel risk assessment form for each person in your family who is travelling. This is available from reception or you can download it from our website.
- Complete the form and return the form to reception where a nurse will review your travel needs from the information supplied by your form. It is very important that you complete the form fully and accurately and that a form is completed for each family member travelling.
- **Please ensure that you call the reception 3 working days later to find out if you need an appointment for vaccines or other travel advice.**

There is a charge for some vaccines and a payment must be made before an appointment or prescription issued (payment can be made by Credit Card or cash at the reception), the following charges apply:

- Meningitis ACWY Certificate- £15
- Malaria Prescription- £10

Not all vaccines are provided by the NHS and therefore you may be advised to seek these from a private clinic.

We recommend that you look at the following websites before you attend your appointment www.nathnac.org or www.fitfortravel.nhs.uk

Some local pharmacies now also provide travel services check with your local pharmacy if they provide this service

Valentine Health Partnership

VALENTINE HEALTH PARTNERSHIP

TRAVEL RISK ASSESSMENT FORM

Please complete this form IN BLOCK CAPITALS prior to your travel appointment and return to reception. Failure to complete fully may result in travel advice not being given or incorrect advice being given.

Please complete a separate form for each family member.

Personal Details						
Name & Address:			**Date of Birth:** **Male** ☐ **Female** ☐			
Easiest contact telephone number:						
E-mail:						
Date of Departure:						
Return Date or Overall Length of Trip:						
Country & town / area to be visited			**Length of stay**		**Is your destination remote? How long to nearest medical facility?**	
1.						
2.						
3.						
Please tick as appropriate below to best describe your trip						
1.Type of trip	Business	☐	Pleasure	☐	Other	☐
2. Holiday Type	Package	☐	Self -Organised	☐	Backpacking	☐
	Camping	☐	Cruise Ship	☐	Trekking	☐
3. Accomodation	Hotel	☐	Relatives/ Family home	☐	Other (please state)	☐
4. Travelling	Alone	☐	With family/ friend	☐	In a group	☐
5. Staying in area which is:	Urban	☐	Rural	☐	Altitude (please state)	☐
6.Planned activities	Safari	☐	Adventure	☐	Other (please specify)	☐

Personal Medical History
Do you have any recent or past medical history? (Including diabetes, heart or lung conditions, and thymus disorder? Yes ☐ No ☐ *if yes, please specify:*
List any current or repeat medications:
Do you have any allergies, for example to eggs, antibiotics, nuts?
Have you ever had a serious reaction to a vaccine given to you before? Yes ☐ No ☐
Does any injection make you feel faint? Yes ☐ No ☐
Do you or any close family member epilepsy? Yes ☐ No ☐
Do you have any history or mental illness including depression or anxiety? Yes ☐ No ☐ *if yes please specify:*
Have you recently undergone radiotherapy, chemotherapy or steroid treatment? Yes ☐ No ☐ *if yes, please specify:*
WOMEN ONLY: Are you pregnant or planning a pregnancy or breast feeding? Yes ☐ No ☐ *if yes, please specify:*
Have you taken out travel insurance and if you have a medical condition, informed the insurance company about this? Yes ☐ No ☐
Please write below any further information which may be relevant:

Vaccination History					
Have you ever had any of the following vaccinations/ malaria tablets and if so when?					
Tetanus Dates	Yes ☐ No ☐	Polio Dates	Yes ☐ No ☐	Diphtheria Dates	Yes ☐ No ☐
Typhoid Dates	Yes ☐ No ☐	Hepatitis A Dates	Yes ☐ No ☐	Hepatitis B Dates	Yes ☐ No ☐
Meningitis Dates	Yes ☐ No ☐	Yellow Fever Dates	Yes ☐ No ☐	Influenza Dates	Yes ☐ No ☐
Rabies Dates	Yes ☐ No ☐	Jab B Enceph Dates	Yes ☐ No ☐	Tick Bone Dates	Yes ☐ No ☐
Other (please specify)::					
Malaria Tablets	Yes ☐ No ☐				

Signed _____ Date: _____